

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE
OFFICE OF PROGRAM SERVICES
PROGRAM PROFILE

CHEMICAL DEPENDENCY TREATMENT

Date Profile Updated: January 2010

Who Can I Contact At DBHR For More Information?

Primary Contact Information: Regional Administrators

Alternate Contact Information: Regional Treatment Managers

What Is The Program Description?

Chemical dependency, which may be both psychological and/or physiological, is a continuum of progressive escalation that begins with substance use, progresses to substance abuse, and culminates with substance dependence. Chemical dependency treatment is the application of planned individual, group counseling, and educational activities, to identify and change patterns of substance-abusing behavior that are destructive and/or injurious to the lives and health of an individual, their families, and communities. The therapeutic purpose is to restore appropriate levels of physical, psychological and/or social functioning. Treatment may include pharmacological interventions.

What is the goal of treatment?

The goal of chemical dependency treatment is abstinence and the improvement of a person's life. However, it is recognized that chemical dependency is often a relapsing disorder. It may require repeated episodes of treatment, over an extended period of time, in order to be fully effective.

However, even when abstinence is not attained immediately, individuals often make significant progress and experience substantial improvement in their lives as a result of treatment. Patients demonstrate a response to treatment through new insights, attitudes, and behaviors. Illness and death are reduced, as are psychiatric, medical, and/or criminal justice problems. Individuals become more productive, require fewer social services, rely less on public assistance, and are less likely to be involved in domestic violence or child abuse and neglect. Youth have fewer academic problems, and are less likely to be involved in crime or juvenile delinquency.

What is the chemical dependency treatment continuum of care?

A comprehensive assessment is performed by a Chemical Dependency Professional (CDP) to determine the diagnosis and a recommendation for the appropriate level of treatment. This level is determined by the severity of the problem, and by evaluating the social setting and the intensity of treatment most likely to result in a patient's recovery. The continuum of care also includes activities designed to engage and connect individuals to recovery services, such as

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outreach, screening in healthcare or other non-treatment settings, and case management services.

The treatment 'continuum of care,' reflects the different needs of individuals. No single treatment is appropriate for all patients. They may require different types of services during the various stages of their recovery, such as:

- **Detoxification services** assist patients with withdrawal from alcohol or other drugs. While detoxification is not a treatment activity, it is often a necessary precursor to the therapeutic process. It is also viewed as an individual **and** public health and safety service.
- **Intensive inpatient treatment** provides a concentrated program in a residential environment. It includes individual and group counseling, education, and activities for detoxified alcoholics, addicts, and their families.
- **Long-term residential treatment** is a program, with personal care services, counseling, and education. It is appropriate for chronically impaired alcoholics and addicts with weakened self-maintenance capabilities, and those needing personal guidance, to maintain abstinence and good health.
- **Recovery houses** provide personal care and treatment, with social, vocational, and recreational activities, to assist a patient's adjustment to abstinence. It assists the individuals with job training, employment, or other types of community activities. A major theme of this modality is preventing relapse.
- **Intensive outpatient treatment and outpatient treatment** provides counseling services, and education. Some patients receive only outpatient treatment. Others are referred to outpatient treatment after receiving more intensive residential services. Opiate substitution treatment (methadone) is a form of outpatient treatment provided to those addicted to heroin and other opiates. Relapse prevention strategies remain a primary focus of counseling.

What Populations Are Served/ Who Is Eligible For These Services?

Individuals, who receive Medicaid or other state-funded medical treatment, are eligible for state- or county-funded treatment

How Many People Are Served During The Biennium?

For the 2007-2009 biennium there was an increase in the number of patients admitted into chemical dependency treatment services (this includes adults and adolescents and includes duplicated admissions):

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Treatment Modality	2003-05	2005-07	2007-09
Intensive Inpatient	15,877	21,631	26,441
Long-Term Residential	5,066	6,015	6,517
Outpatient	67,501	75,583	84,029
Recovery House	3,195	2,387	2,300
Opiate Substitution	4,038	4,267	4,352
Total	95,677	109,883	123,639

Source: DASA Treatment Analyzer. www.dasa-ta.com. Run Date: 13-Jan-2010

Footnote: Based on records where the following conditions are met:

- Dept. of Corrections admissions included

- Note: Data in the system is updated monthly and numbers for the most recent months may change slightly over time.

What Is The Biennial Funding Amount and Source(s)?

The Division of Alcohol and Substance Abuse (DASA) provides funding for detoxification, inpatient/residential, outpatient treatment, and other recovery services.

What Would Be The Impact If This Program Was No Longer Available?

Based on data from the *2003 Washington State Needs Assessment Household Survey* conducted by the Department of Social and Health Services' Research and Data Analysis Division, there is a current estimated overall treatment need rate of 10.9% of adults living in households. Need for chemical dependency treatment is associated with income. Adults living in households with incomes above 220% of the Federal Poverty Level (FPL) have lower rates of treatment need (10%) than do adults living in households with incomes below 220% FPL (13.6%).

The current funding only allows for 1 in 5 low-income adults to receive treatment. Without the funding to support chemical dependency programs low-income adults needing treatment would not be able to receive treatment.

What Agencies Collaborate With DBHR To Deliver These Services?

What Are The Sources For Program Data or More Information?

Contact the Alcohol Drug Help Line at (206) 722-4222 or Toll Free (Washington only) at 1-800-562-1240.